

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	2		1		1	
4	0		1		1	
5	0		1		1	
6	0		1		1	
7						
8						
9						
10						
11	0				1	
12	1		1		1	
13	1		1		1	
14	2		1		1	
15	0					
16	0					
17	0					
18	0					
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50						
TOTAL IND.			2		2	
TOTAL DEP.			19		17	
TOTAL CLAIMS			21		19	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						